# STATE OF MARYLAND-CERTIFICATE OF DEATH

4	BWRITE PLA LY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
X	D. Every	YSICIANS	statement	
r. C.	INT REC	LY. PH	d. Exact	
BINDIN	PERMANE	EXACT	ly classifie	ate.
MARGIN RESERVED FOR BINDING	HIS IS A	be stated	be proper	c of certific
RESERV	VG INK-T	AGE should	that it may	ons on back
MARGIN	UNFADI	supplied.	n terms, so	ee instructi
1	LY, WITH	carefully :	TH in plai	portant. S
1	TE PLA	a should be	E OF DEA	TION is very important. See instructions on back of certificate.
S. No. 1	BWRI	mation	CAUS	TION

1. PLACE OF DEATH	
County Somules	Registration Dist. No. 268
Village or City Princes Quality (1)  Length of residence In city or town where death occurred	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME CAWARD Gillis B.	
Lett. M. Lan.	The state of the s
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH  July // ,193.7  Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of May C. Bounds	22. I HEREBY CERTIFY, That I atlended deceased from
6. DATE OF BIRTH (month, day, and year) May 27, 1863	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7.3 7 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade nucleacion/or parlicular	Chronic Must Cordila Aire
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and May 1937 spant in this 50448	
12. BIRTHPLACE (city or town) Maufling (Slate or country)	Dther Castributory Causes of importance: Discussion Johnson
13. NAME CAUSED S. Baunds 14. BIRTHPLACE (city or town)	- grafted upon a chemic rephritis
Y 14. BIRTHPLACE (city or town) Muyland (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Crily Rusey	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Crity Accept  16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
(State or country) / Augland  17, INFORMANT Augland  18	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salishung Mangland	
18. BURIAL, CREMATION, OR REMOVAL  Place Wiley Date 7/13/57,19	Manner of Injury
19. UNDERTAKER The Will & Histor 6. (Address) Salashung Branch	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 13; 1939 Think	(Signed) 1 / Surell and M.D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- NIC 0 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG U MU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones	1000	May 1,1923	Gastroenteritis	1 year

D.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARTLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Somewh within	CORPORATE LIMITS Registration Dist. No. 2 63
Village or City Leinfield	NoSt.,
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrmos
2. FULL NAME Were Ceriffin	If U. S. Veteran, specify WAR
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  21. DATE OF DEATH  (Pea)  (Pea)  (Yea
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecce Cubbe	22.   HEREBY CERTIFY, That i attended deceased
6. DATE OF BIRTH (month, day, and year) 1906	I last saw h alive on
7. AGE Years Months Days If LESS that	
31 — 1 day,min.	I THE ENTITY AS CAUSE OF DEATH BIT I CIBECO GROSS OF IMPORTANCE
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	acute Dil. Hears
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(State or country)  13. NAME  Sauce Country	- Chrome Replace So
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
27. INFORMANT CADDRESS	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Survey and Date gooky 15, 19	Manner of injury
19. UNDERTAKER GEOW Lighting (Address)	24. Was disease or injury in any way related to occupation of deceased?
9 6 15 15 10 20010	(Signed) La Elevel

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No.

(Address)

V. S. No. 1

state

plnods

PHYSICIANS

Exact statement of OCCUPA-

Every item of infor-

IS A PERMANENT REC stated EXACTLY. P properly classified. Exac

FOR BINDING

ARGIN RESERVED

WITH UNFADING INK-THIS

AGE should

be

CAUSE OF DEATH in plain terms, so that it may

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-WRITE PLA

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	Y	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8023
1. PLACE OF DEATH	ORPORATE LIMITS OF
County Concers OUTSIDE	Registration Dist. No. 270
Village or City Crisfield (IF	No. M. Q. Cura Hyghtus full (St., Ward death occurred in a hospital or institution have its NAME instead of street and number)
2. FULL NAME Frank Daugher	If U. S. Veteran, specify WAR
(a) Residence: No. Crisical Md.	/St., Ward.
(Usual place of shede)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male I COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIWORCED (write the word)	21. DATE OF DEATH July, 25 , 193.7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cory WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
me It at is	July 6 ,1957, 10 July 25, 1987
6. DATE OF BIRTH (month, day, and year) / work 9 1/867	I last saw he aliva on July 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at
7 01min.	were es follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Mil Carfieller	
9. Industry or business in which work was done, as SILK MILL, Building Boals  10. Date daceased last worked at this occupation (month and this occupation (m	Chronic Interstilled Whom
10. Date daceased last worked at this occupetion (month and spent in this	Melhard and
yaar) occupation	Other Contributory Causes of Importance:
(State or country) Somerses 6, Ad.	1736
13. NAME George Taugherly	
14. BIRTHPLACE (city or town)	Name of oparation Data of
(State of country)	Whet tast confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Ollie Daugherty	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. James Thursherly (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOYAL	Manner of Injury
Place refield Comelling Date July 26, 1937	Neture of injury
19. UNDERTAKER 2. D. Baw Jordy Aon	24. Was disease or injury In any way ralated to occupation of deceasad?
20. FILED 1/2 26, 1957 / to 8. Localist	If so, specify (Signed) & & le alling M. D
egistrar.	(Addrass) Custing Tung
If more blanks are needed, all Registrar,	2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH				<u> </u>	,
County Donna	214	Z		Registration Dist. No. 24	æ
Village or City	WELL				Ward
Length of residence in city or tow	n where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and nu	
2. FULL NAME	Din	1 6	111 lover	24	
	J. Vag	-7/	W.V U I	St. Ward.	
(a) Residence: Np.		(Usual place	of abode)	If nonresident give city or town and S	late
PERSONAL AND STA	ATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Live 4. COLOR OR R.	ACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) 24 (Day)	193 3 7
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That I ettended de	
				Wast saw h alive of Hall 10	,
6. DATE OF BIRTH (month, day, and year 7. AGE Years Mo	onths	Days	If LESS than	(last saw h	death is sai
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	NER,		, orposed a limit	Pre mature Barte	Date of onset
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc					
10. Date deceased last worked at this occupation (month and year)		11. Totel t spe ocn	ime (years) nt in this upation		
12. BIRTHPLACE (city or town)	266	LIK	me	Other Contributory Causes of Importance:	
1 13 1	les	Dey	l		
13. NAME 14. BIRTHPLACE (city or town)	1		A	Name of operation Date of	
(State of Country)	10	Joen .	ma	What test confirmed diagnosis? Was there en au	lopsy?
15. MAIDEN NAME	de	u 7	Craus	23. If death wes due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	6	11.00	3118	Accident, suicide, or homicide? Date of injury	, 19
17, INFORMANT add	ei.	7 8	aug	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.	)E.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	il	lete	m		
Place		Date Jul	4.24.103)	Manner of injuryNature of injury	
19. UNDERTAKER	on	48	and	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED aug 1, 1937	7 Ca	rie 74	ff stell	(Signed) Wet, Dwell 7	nd.
	If more l	blanks are needed,		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related car of importance were as follows: ECEIN	VED 1915	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis AUG 4 1	027 1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1 1000	Other contributory causes of importance:	
<i>duscones</i>	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

or.	A.	STATE OF MARTLAND	CERTIFICATE OF DEATH
inf	stat UPA	1. PLACE OF DEATH	(31)
1, 5	onld	County Comersel	Registration Dist. No. 2 63 -
// E	hou	Village or City Riskield WITHIN COR	PORATE LIMITS OF
ii (X	of	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
YE	NS ut	Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. If of foreign birth?yrsmosds.
Eve	YSICIANS	2. FULL NAME JOHN J. Ding	If U. S. Veteran, specify WAR
	SIC	(a) Residence: No. Richardson Tave,	St., Ward,
		(Usual place of abode).	If nonresident give city or town and State
2	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE	Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E	7.	Male While OR DIVORCED (write the word)	(Month) (Day) (fear)
S E	Tied	5e. If merried, widowed, or divorced	(Month) (Day) (Year)
BINDIN	A C T assified	HUSBAND of annel F, Digl.	22. I HEREBY CERTIFY, That I ettended deceased drown
IN N	X X	6 1 1 101	Janua 13,190 1, 10 pour 1, 190 1
BI	te. H	6. DATE OF BIRTH (month, dey, and year) (OA, 1/21/866	last sew harmalive on 19 ; deeth Is sald
2 4	stated properl certifica	7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, et John,
OS	stated proper ertifica	70 9 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were a follows:
E I	s d	Z 8. Trade, p/ofession, or particular	Wilerio Salerosy
E H	be	kind of work done, es SPINNER, Dea Twood Calother	1 Pringry cause: Chronic nephritis
> F	ould may back	Rind of work done, es SPINNER, Ala Hoood Calober SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, es SILK MILL, and Daclor SAW MILL, BANK, etc.  10 Dete decessed last worked at this occupation (month and this pecunation (month and this pecuna	Willia gues
ER.		SAW MILL, BANK, etc	
S	E sl		ucule tordiac
RI	AGE that ons	yeer) occupation	Other Contibutory Causes of importance
Z	plied. AGI	12. BIRTHPLACE (city or town)	Matalouou
GI.	ed.	(State or country) Homelese Co, Mai	
N. R.	term inst	13. NAME GLOTGE H. Dige.	Julionery oderna
A D		14. BIRTHPLACE (city or town)	Name of operation Date of
	ly su lain See	(State of country)	Whet test confirmed diagnosis? Wes there en autopsy?
W	ful n p nt.	15. MAIDEN NAME Charlotte Shows and	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:
(83	be carefu EATH in important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury19
1 13	d be cal	(State or country)	Where did Injury occur?
		Man & F. Durg	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, In HOME, or In PUBLIC PLACE.
- F		(Address)	open, water many steering in the service, in the service of the se
<u> </u>	40	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Ĕ	n s SE	Place Medicald Ceuchery Date July 25, 1937	Neture of Injury
RI	mation s CAUSE TION is	228 82 1.1	
7	CA	19. UNDERTAKEN TION LAWSTON	24. Was disease or Injury In any way related to occupation of deceased?
No.		(Address) Cristica Mdi	If so, specify
02	(1)	20. FILED July 24 1937/ 60 6 10 allen	(Sign/d) m.
P PH	14/	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Barmore, Requesting y. S. No. 1.

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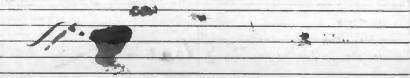
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG A 1937	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



IARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

8026

1. PLACE OF DEATH	(5)(0)
County American Selection	Registration Dist. No. 264
Village or City Monadania	NoSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME PREAMING 19. De	If U. S. Veteran, specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and Slale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SENGLE, MARRIED, WIDO	WED, 21. DATE OF DEATH
Mole while OR-DIVORCED (write the	
morre	(Month) (Day) (Yeer)
. If married, widowed, or divorced HUSBAND of Gula Dowy	1 HEREBY CERTIFY Thet 1 attended deceased from
(Or) WIFE-OF BUILD J G. Day	120, 127 1037 to 1216 26 1939
abria 29-18	
DATE OF BIRTH (month, day, and year)	
AGE Years Months Days If LESS	
/ 8 2 2 of or	
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of office.
SAWYER, BOOKKEEPER, etc.	(a) sensence of 41
Industry or business in which	Perstand Illund 3
work wes done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  Date deceased last worked at this occupation (month end spent in this	
year) occupetion	***************************************
DIRTING ACT (-it. on Acces)	Other Coutributory Causes of Importance:
2. BIRTHPLACE (city or town)  (State or country)	
13. NAME Tho. Dory	
14. BIRTHPLACE (city or town)	Neme of operation Effective defelle bate of 1 2/1/2
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME and more Bol	23. If death was due to external causes (VTOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
(State or country)	Where did Injury occur?
ann B. Callan	(Specific military transporter and State)
INFORMANT TOUS CONCEDED TO	Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
(Address) monday	
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Monden Date July 27,	19.3.7 Nature of injury
9. UNDERTAKER PMSmith	24. Was disease or injury in any wey related to occupation of decasted
(Address) W A see	If so, specify
1.1.20 0× US 9 1. D.	(Signed) The Bullevelly M.
FILED MAY 28, 198/ 7 6 W CERCUM	
V / Reg.	istrar. (Address) / / A / Colored Colored

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.—WRITE PLAINLY,

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II	1
The principal cause of do of importance were as for	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	d Control	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 4 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S		35 115 6	
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			me for a large	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				1,000		~ ~

Boned

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RMA	XA	class	
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WITH	efully sup	in plain te	ant. See i
тх, мітн	e carefully sup	ATH in plain te	portant. See i
ALY, WITH	ld be carefully sup	DEATH in plain te	y important. See i
PLAIMLY, WITH	should be carefully sup	OF DEATH in plain te	very important. See i
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

8027

	Village or City_	Crisfic	era	(1)	No. Wards Crossing St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	Ward i number)
2 1	FULL NAME	D 1	y Elliott		If U. S. Veteran, specify WAR	
2. 1	(a) Residence:	747	ls Crossi	ng	St., Ward.  If nonresident give city or town an	
	PERSONAL	AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	ele 1.	COLOR OR RACE		RfED, WfDOWED.  O (write the word)  10	21. DATE OF DEATH 2 (Month) (Day)	
H	married, widowad, o IUSBAND of or) WIFE of	r divorcad			1 HEREBY CERTIFY. That I attenda	d decaased from
6. DAT	TE OF BIRTH (mon	th, day, and vaar)	July 24	1937	0 1.	_; daath is sald
7. AGE		Months	Days	if LESS than	to have occurred on the date stated above, atm.	
	0	0	0	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causas of importance ware as follows:	Oate of onset
OCCUP	9. Industry or busing work was don SAW MILL, Buthis occupation	e, as SILK MILL, ANK, etcst worked at n (month and	11. Total ti	ima (years) nt in this upation	Other Contributory Causes of Importance:	
~	(State or country)	Mary	land ert Ellio	tt	The state of the s	
I	4. BIRTHPLACE (city (Stata or cour	or town) Deal	s Island Tand		Neme of operation Date of What test confirmed diagnosis? Was there er	
원 15	5. MAIDEN NAME	Mary	Grace M	latthews	23. if death was due to external causes (VIOLENCE) fill in elso the followi	ng:
MOTHER 12	6. BIRTHPLACE (city (State or cou	or town) Mary	omoke yland		Accident, suicide, or homicide?	
17. INI	FORMANT(Addrass)	Robe	ert Ellic stield	) T U	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	LACE.
18. BU	Place Caria		Date Jul	y 26,137	Manner of Injury	
f9. UN	NDERTAKER (Address)	male surge	brados	aw glins	24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signad)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: LIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	MARTLAND-	CERTIFICATE	OF DEATH	
	0 t	(31)	Registration Dist. No	264
oounty	. 7		Registration Dist. No	
Village or City Market		NO	itulion, give its NAME instead	of street and number)
Langth of residence In city or town where death	occurred Office Cont	ds. How long in U.S.I	f of foreign birth?yr	sd
2. FULL NAME dasa	le T. Her	la If U. S. Vetera		
(a) Residence: No.	leure	Ward.		
	(Usual place of abode)	V	If nonresident give city	
PERSONAL AND STATISTICA			CERTIFICATE OF D	DEATH
	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH	Month) L Coa	۶۹ , 193 <u>/</u> (Yaar)
ia. If married, widowed, or divorcad HUSBAND of				
(or) WIFE of	Headles	22. I HEREE	Y CERTIFY, That	attended decaasad from
DATE OF BUREL (worth down of worth)		Llaw saw h.E.K. alive on.	June 109	1937 : death is sai
5. DATE OF BIRTH (month, day, and year) 7. AGE Yaars   Months	Days If LESS than	to have occurred on the data	eted above, at Co. A. m.	, 13-2. j, Gaath 13 301
SBRI	1 day,hrs	The PRINCIPAL CAUSE OF DE	ATH end related causes of imp	ortanca
8. Trade, profession, or particular	ormin.	wera as follows:	· neuscan	Onte of onse
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	mukeefee			The wife
9. Industry or business In which	grighten and Phase	Cheroica	hockel	2
kind of work done as SPINNER, SAWYER, BOOKKEEPER, atc	1 22 7-4-14: (	-		af.
this occupation (month end	11. Total tima (years) spent in this occupation			
7	2 5	Other Contributory Causes of In	nportance:	
(State or country)	esset Co.			
		-	,	
13. NAME  14. BIRTHPLACE (city or town)				
(State or country)	~	Name of operation	20 0	Date of
5 15. MAIOEN NAME		What test confirmed diagnosis?		as thera an autopsy?
13. MAIDEN HAME	0	23. If death was due to external	//	
16. BIRTHPLACE (city or town)	2	Accident, suicide, or homicide?  Where did injury occur?	Date of II	njury, 19
On	11.00-01		(Specify city of town, co	ounty and State)
(Addrass) 1, 30 W 63	Checke Pa	- Specify whethat injury occurre	I III INDUSTRI, III NOME, OF	POBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury		
Plece Il James Com I	Date 1414 3/ 1937	Neture of Injury		
19. UNDERTAKER Ohn Q /5	tadshaw-	24. Was disaase or Injury In an	y way related to occupation of o	deceased?
20. FILED July 28, 1937 J. E	Diekinson Registrar.	(Signed) (Address)	Pollee	Lee M.
If more blan		, 2411 N. Charles Street, Belimore,	Requesting U. S. No. 1.	7 77 44

8028

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Ex	ample I		Example II	
The principal cause of death and related causes pale of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 4 103	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	71000 4 200	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	Fuly 5, 1927	Peritonitis	3 days ago
Other contributory causes of Gallstones	of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

RES. D. Every item of infor-7. PHYSICIANS should state Exact statement of OCCUPA-

V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(71)
County Dimersold	Registration Dist. No. 261
Village or City Marion	NoSt., Ward
(If Length of residence in city or town where death occurred 2 fyrs. 2 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
A D 11000	and the state of t
2. FULL NAME John Hill	If U. S. Veteran, specify WAR
(a) Residence: No. Marion IVA	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 3 1937
maried maried	(Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Ruth. Hell	22. I HEREBY CERTIFY, Thet I attended decessed from
61.80 1911	ny ami
6. DATE OF BIRTH (month, dey, end yeer) Coffee ZZ - 7 1 1 7. AGE Yeers Months Deys If LESS than	l lest sew h alive on about 8 0 ; deeth is said
1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
12.5°   2   1   ormin.	were as follows:
No. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Slot mount
SAWYER, BOOKKEEPER, etc.	4 of Rulilonois region
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	sustralaylan vegion
ID. Dete deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Massion	July 3 2)
(State or country) Somewas Co mo	Rlob lines soft
13. NAME Clarance Hill 14. BIRTHPLACE (city or town). Baltimore	Dul classy Houndays
14. BIRTHPLACE (city or town) Baltemore	Neme of operation
(State of country)	Whet test confirmed diegnosis? Wes there an eutopsy? /
15. MAIDEN NAME May Beachumfe  16. BIRTHPLACE (city or town) Marion	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Marion	Accident, suicide, or homicide? Homes & Date of Injury by 8, 1937
S (State or country) Longert Como	Where did injury occur? neur massion
17. INFORMANT Clarance Hill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Masson mde	Home
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury / Keup mas Jul Clery 1900 3
Plece Liborn Cemelery Date July 6, 1937	Neture of injury
fler Wir = 1	24. Was diseese or injury in eny way related to occupation of deceesed?
19. UNDERTAKER CALLAS AT CLUBARON (Address) (Magazina Magazina Mag	If so, specify
2/1 22/1 23/2	(Signed) Derego 6. Corellium, M.D.
20. FILED / 6 , 1937 Gurelia 10 albito	(Addrass) Mann Tono

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes | Dite of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Chronic interstitial nephrilis Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIA:
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# STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	(NO-E)
County Soulself	Registration Dist. No. 2 68
	No. St., Wa  If death occurred in a horpital or institution, give its NAME instead of street and number)  as. ds. How long in U.S. if of foraign birth? yrs. mos,
2. FULL NAME  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Monthly)  (Year)  (Year)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended daceesed fr  July 18 1937, to 28 28 1937
6. DATE OF BIRTH (month, day, and year)	last saw h.)   alive on Selle 73   192) : death is s
7. AGE Years Months Deys If LESS than	to have occurred on the data stated above, atm.
1 day,hrs.	THE TRING CAUSE OF BEATH and landing causas of importance
8. Trada, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	At Calind at birth, Jana
O work was done as CILK MILL	Had A Journe
10 Pata dacaesed last worked at this occupation (month end yeer)	Training to the state of the st
12. BIRTHPLACE (city or town) CHANCE, MD. (State or country)	Other Contributory Causes of Importance:
13. NAME Bernan James	
14. BIRTHPLACE (city or town)	Name of operation Data of Data of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME OCCMA MCBride	23. If death wes due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) CHANCE, MD. (Stete or country)	Accident, suicida, or homicide?
17. INFORMANT Wash in to MC Bride (Address) CHANCE, MD.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL M & Date July 24,19.3	Mannar of Injury
19. UNDERTAKER Tired J. Hebstin (Address) Deals Doland My	24. Was disaase or injury in eny way related to occupation of decaased?
20. FILE QUE 23, 19 ?? Roya Welster Registrar.	(Signad) CHANCE M

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-V. S. No. 1

ARGIN RESERVED FOR BINDING

ä

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example I			Example II	
The principal cause of importance were a	of death and related causes as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial ner	17 50 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU Y. S.	1		
Other contributory	causes of importance:		Other contributory causes of importance:	FINE B
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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V. S. No. 1

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Example I	- indiana	Example II		
The principal cause of death and related rauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis C. E. V.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage CEP 4 1331	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTIF	CATE	OF	DEATH
JIAIL		MUNICIL	AIL	CLIVIII	IONIL		DLAII

O	O	3	9
0	U	0	6

1. PLACE OF DEATH	1			5/1
Village or City Urels	ni		Registration Dist. I	No. 26/ St., Ward
	eath occurred	(lf	death occurred in a hospital or institution, give its NAME insteades.  ds. How long in U.S. if of foreign birth?	d of street and number)
2. FULL NAME	Solan	on or hu	If U. S. Veteran, specify WAR	***************************************
(a) Residence: No. Yell	(Usual place	of abode)	St., Ward.	y or town and State
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE Cue	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	] , 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Th	
6. DATE OF BIRTH (month, day, end year)	allo Con	of his		
7. AGE Years Months	Days	If LESS than  1 dey,hrs.  ormin.	to have occurred on the date steted ebove, et	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			andred 3mills	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	w		Juney ling for	30~
10. Date deceesed last worked at this occupetion (month end year)	spe	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) (State or country)	no 1	nep	Other Coutributory Causes of importance:	
	insor	7-		
13. NAME / Solom Jot 14. BIRTHPLACE (city or town) (Stete or country)	une m	el.	Name of operetion	Date of
	milia		What test confirmed diagnosis?	
15. MAIDEN NAME Selected (16. BIRTHPLACE (city or town) (Stete or country)	D.		23. If death was due to external causes (VIOL ENCE) fill in als  Accident, suicide, or homicide? Date of  Where did injury occur?	
17, INFORMANT ALLES (Address)	luas	<u>~.</u>	(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or	county and State) in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MICHIGAN PIECE	Date 7	18 ,1937	Manner of injury	
19. UNDERTAKER Trestore (Address)	John	son	24. Was disease or injury in any way related to occupation of	
20. FILED 7/8, 1937 Chr	relia f	Facusor Registrar.	(Address) January (Noully	M. D.

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Example I	li.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitud nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Contract Susselly (SEC)				

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BA	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8033
1. PLACE OF DEATH	ORPORATE LIMITS OF 97
County Domesses OUTSIDE C	Registration Dist. No. 2 70
Village or City Crisfield	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurred	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Omma O Daws	oll If U. S. Veteran, specify WAR
(a) Residence: No. Criffild (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  July 23 193 7  (Month) (Day) (faar)
5a. If married, widowed, or divorcad	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of J. Monroe Lawson,	1930, 10 July 23 , 19 27
6. DATE OF BIRTH (month, day, and year) Sau, 29th 1870	Hest sew h. Le aliva on Jacky 1 (193); death is said
7. AGE Yaars Months Oays If LESS than	to have occurred on the date stetad above, at J
67 3 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada profession or particular	were as follows:
kind of work done, es SPINNER, Houshoefes, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceesed last worked at this occupation (month and	arteriollarosia (generaliza) 1929.
9. Industry or businass in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
1 0 1	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)  (Stete or country)  Omega & State of Country)	
N. A.	
王	
14. BIRTHPLACE (city o Vown)   Add	Nama of operation Data of What test confirmed diagnosis?
15. MAIDEN NAME Alice riggin	23, If daath wes due to external causes (VIOLENCE) fill in also the following:
E CONTRACTOR OF THE STATE OF TH	Accidant, suicide, or homicide? Data of injury19
16. BIRTHPLACE (city or town)	Where did injury occur?
I Mariae Fares on	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT S, MONIOC QUELLE + ON Mod,	Sporty mount injury security in mostry, in nome, or in robelly read
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place albury Couldery Date July, 25, 1937	Neture of injury
19. UNDERTAKER 2 Dawson Md.	24. Was diseasa or Injury in any way related to occupation of deceased?
20 01 00 1 5/2-002-00	(Signed) & ne · le · tre M. O.
20. FILED They 1937 10 Registrar.	(Address) Cris Leald, rul.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis AGG 4 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

OCCUPA-

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AIIG 4 1937	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICAT	E OF	DEATH

0	63	9	Bur	
S	U	3	()	

1. PLACE OF DEATH	(85)
County Jonneral)	Registration Dist. No. 268
Village or City Length of residence in city or town where death occurred yrs	NoSt., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
0,7.00-09	Prince
2. FULL NAME Sylliam &	4/1-0
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WID OR DIVORCED (write the	OWED. 21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
	I last saw h. (a) alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	april pasy ( Stand Mas)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end	
O lD. Date deceased lest worked at this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town) LA LAGACL MA	Other Courtbalory Chases of importance:
13. NAME Willard Price	mability to servalitation for g
14. BIRTHPLACE (city or town) for our de Ma	Name of operation Date of  What test confirmed diagnosis? Was there en eutopsy?
# 15. MAIDEN NAME SORA Larris	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME LORA LANGE	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT ADA DACET	Where did injury occur?
(Address)  18. BURIAL, CREMATION, OR REMOVAL Place Chance Modele July 23	Manner of injury
19. UNDERTAKER Fired 1. Hebster (Address) Deale I stand	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED My 21, 19>> Rora Nels	(Signed) & Parapasan M. C. (Address) & haraft Ha
If more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II		
The principal cause of death and related causes of one of importance were as follows:  Arteriosclerosis  Date of one of the principal causes of the principal cause of the principal causes of the principal cause of the principal causes of the principal causes of the principal causes of the principal cause of the principal causes of the principal causes of the principal causes of the principal cause of the principal causes of the principal causes of the principal causes of the principal cause of the principal causes		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

should state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF DEATH		(131)	
	County Lamers	1	Registration Dist. No. 260	
17-8	Village or City Thesa	tover	NoSt.,	Ward
			(If death occurred in a hospital or institution, give its NAME instead of street and number,mosds. How long in U.S. If of foreign birth?yrsmos	)
	- m	4 m	Pot 1	
2.	FULL NAME //axa	racely Illing	If U. S. Veteran, specify WAR	
	(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo		7
5a. If	married, widowed, or divorced	·	,	ear)
(	or) WIFE of Martes	Ritgel	1 HEREBY CERTIFY, That I attended decease	
6. DAT	TE OF BIRTH (month, day, and year)	pine 1. 185	I last saw h. as alive on July 16 1927; death	is said
7. AGE	Yaars Months	Days If LESS t		
	79 1	/5 ormi	ware as follows:	ofonset
NO	8. Trade, profassion, or particular kind of work done, as SPtNNER, SAWYER, BOOKKEEPER, etc	M	wents bee 7 Hest fully	10-9
OCCUPATION	SAWYER, BOOKKEEPER, etc	Our Dans	arenes Hypolitic Greum	
000	D. Date dacased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	8	
	10.	1641001	Other Coutributory Causes of Importance:	
12. BI	RTHPLACE (city or town) (State or country)	ennsulvages	March 1 mil to have	
<u>د</u> ا	3. NAME Laware	ce milles	Clara myrastet	ζ
FATHER	I. BIRTHPLACE (city or town)		Name of operation Date of	
F	(State or country)	Termany	What test confirmed diagnosis? Was there an au'opsy?	)
H 15	5. MAIDEN NAME	t kaba	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER 12	5. BIRTHPLACE (city or town)	- 4P	Accident, sulcida, or homicide? Data of Injury	)
Σ	(State or country)	termany	Where dld injury occur?	
17. IN	FORMANT Mrs. Arank (Address) 1/8 / 1/2	Leidheise	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BU	RIAL, CREMATION, OR REMOVAL	Q. O A	Manner of Injury	
Ufor	Macelle any Pothwells	Date Guly 20, 19	37. Nature of injury	
19. UN	DERTAKER The Idil &	Johnson Co.	24. Was disease or injury In any way ralated to occupation of deceased?	
20. FIL	1/12 22	Much	Signed Lewige Couldness	M. D.
about the contract of		Regist		
	If more	blanks are needed, address State Re	istrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MIREAU V. S.	16		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

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	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sl	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of		2	
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STATE OF MARYLAND—CERTIFICATE OF DEATH CORPORATE LIMITS OF 1. PLACE OF DEATH County Somerset Registration Dist. No. Crisfield Village or City Of death, occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign bight yes Margaret Sterling FULL NAME If U. S. Veteran, specify WAR Chesapeake Ave (a) Residence: No.\_\_\_ (Usual place of abode) If nonresident give city or townland State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF OR DIVORCED (write the word) Married (Mont) If marriad, widowed, or divorcad HUSBAND of QER (or) WIFE of Earl Sterling Aug 28 1914 ATE OF BIRTH (month, day, and year) Months If LESS than to have occurred on the date states above, at 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc..... Housewife 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc .... 10. Date deceased last worked at 11. Total time (yaars) this occupation (month and spent in this occupation BIRTHPLACE (city or town) ... (State or country) Maryland Harry Chelton 13. NAME Fairmount 14. BIRTHPLACE (city or town)... Maryland (Stata or country) What test confirmed diagnosis? ..... Was there en autopsy? ..... Nina Howeth 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Marion Accident, suicide, or homicide?\_\_\_\_\_\_ Oate of Injury\_\_\_\_\_ 19 16. BIRTHPLACE (city or town). Maryland (Stata or country) Whera did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Earl Sterling Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE INFORMANT . (Address) Cristield BURIAL CREMATION, OR REMOVAL Manner of Injury Oate July 1.69.37 Neture of Injury 24. Was disease or Injury In env way related to occupation of deceased? John A Bradghaw UNDERTAKER \_\_\_\_\_ (Address) If so, spacify (Signe If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting T. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Peritonitis Cerebral hemorrhade July 5.1927 3 days ago Other contributory causes of importance. Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Eve	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme	
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(23)	
County Somerset	Registration Dist. No. 26	0
Village or City Princess Anne		*** *
Length of residence In city or town where death occurredyrsmos	NOSt.,  f death occurred in a hospital or institution, give its NAME instead of street and no sds. How long in U.S. if of foreign birth?	umber)
2. FULL NAME Emma Steve		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and S	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Male
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIGOWED,	21. DATE OF DEATH	
7 Col OR DIVORCED (write the word)	(Month) (Qay)	193.7
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended do	
5 DATE OF RIPTH (month day and year) 18 94	-unch la	, 1997
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	death is said
d 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	were as follows:	Oste of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
SAWYER, BOOKKEEPER, etc	Talmomery / aberculo sis	1934
D. Oate deceased last worked at this occupation (month and spent in this spent in this	·	
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Somerset County		
(Stete or country)	- Mulmon any Homorrage	7/20/37
14. BIRTHPLACE (city or town) Somers of Co.		
14. BIRTHPLACE (city or town) Somers of Co.	Name of operation Date of	
15. MAIDEN NAME Garbling /damaic	What test confirmed diagnosis?	
15. MAIOEN NAME Sarbling / Bangis 16. BIRTHPLACE (city or town) Somers of County	Accident, suicide, or homicide? Oate of Injury	
(State or country) Transford 1 acc	Where did injury occur?	
17. INFORMANT Som Stevenson	(Specify city or town, county and State, Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAI	CE.
18. BURIAL, CREMOTION, OR REMOVAL	Manner of Injury	
Place Alage troppe fully 23, 1937	Nature of injury	
19. UNOERTAKER James & Werning (Address) & Description	24. Was disease or injury In any way releted to occupation of deceased?	
20. FILED 7/23 , 19.37 9 Shirth Registrar.	(Signed) Oodene A Vaudsma	M. 0.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	- a - a - a - a - a - a

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ( ED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLA

V. S. No. 1

Every item of infor-

# STATE OF MADVI AND CEDTIFICATE OF DEATH

1	. PLACE OF	DEATH	L MWK	ILAND	——— (B)	
	County	Somerset		WITHIN	CCRPORATE LIMITS Registration Dist. No. 2	61
	Village or City				No. St.,  If death occurred in a hospital or institution, give its NAME instead of street and is. As How long in U.S. if of foreign birth? yrs. n	ward number)
2	. FULL NAM	A D-3	1 Swift		If U. S. Veteran, specify WAR	
	(a) Residence	: No. Che	sapeake (Usual place	Ave	St., Ward.  If nonresident give city or town and	
	PERSONA	L AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3	M	4. COLOR OR RACE	OR DIVORCEI	RIED, WIDOWED, ) (write the word) ried	21. DATE OF DEATH  July  (Day)	, 193. 7 (Year)
5a.	If married, widowad HUSBAND of (or) WIFE of	or divorced Anni	e Swift		22. I HEREBY CERTIFY, Thet I attended  2. 1 J. 1937, to 9. 11	deceased from
6. I	ATE OF BIRTH (m	onth, day, and year)	uk. 1	1867	I last sew h elive on July 15 193	Z; deeth is sald
7. /	GE Years	Months	Deys	If LESS than I day,hrs ormin.	to heve occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	Date of onset
OCCUPATION	9. Industry or bu work was d SAW MILL, 10. Date deceesed this occupa	on, or perticular rk done, es SPINNER, OOKKEEPER, etc	11. Total ti		Ehronic Nephra	Shall 1956
12.	BIRTHPLACE (city (Stata or countr	or town)			Other Coutributory Causes of Importence:	
ER	13. NAME	Frank Swi	ft			
FATHER	14. BIRTHPLACE (	, 0	Md	t County	Name of operation Dete of	
ER	15. MAIOEN NAM	Racha	el Matt	hews	23. If death was dua to external causes (VIOLENCE) fill in also the followin	g:
MOTHER	16. BIRTHPLACE (	city or town) ountry)	Somers	set Coun	Accident, suicide, or homicide? Data of Injury Whera did Injury occur?	
17.	INFORMANT(Address)		er Swin		(Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PI	ite) LACE.
18.	BURIAL, CREMATIC	on, or removal Mariners C	ome Ji	ıly. 18• 3	Manner of Injury	
19.	UNDERTAKER (Address)	John A Cris	Bradsha field N	aw Ad	24. Was diseasa or injury in eny way releted to occupetion of deceased?	
20.	FILED July	17,1937	S. le	elling Registrar.	(Signed) & Cally (Address) lensfield,	Nek.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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1.	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(119)		
County Somesh	Registration Dist. No. 26F		
Village or City Deals Island md	No. St Ward		
(I Length of residence In city or town where death occurredyrs,mo	f death occurred in a hospital or institution, give its NAME instead of street and number)		
21 1	17		
2. FULL NAME Cleanon limbe It	Walund If U. S. Veteran, specify WAR		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX  4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)		
5a. If married, widowed, or divorced	( (month) (bay) / (fear)		
HUSBAND of (or) WIFE of	22. I HER'EBY CERTIFY, That I ettended deceased from		
4.1.4	7-24,1937,10 7-27,192/		
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I tast saw h		
1 day,hrs.	to have occurred on the date stated above, atdm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular	were as follows:		
6. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
9. Industry or business in which	Jan 15 TV CO		
work was done, as SILK MILL, SAW MILL, BANK, etc.			
O this occupation (month and pear) occupation (month and pear)			
160-10 000 000	Other Contributory Causes of importance:		
(State or country)			
± 1.0.0.0			
4. BIRTHPLACE (city or town) Scale of Stank (State or country)	Name of operation Date of Date		
15. MAIDEN NAME Molling 95. Characte	What test confirmed diagnosis?		
	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
O 16. BIRTHPLACE (city or town) Weath & OCATION (State or country)	Where did injury occur?		
mallie who hat	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,		
17. INFORMANT Matter Colo Jolan &	,		
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury		
Place Deals & Slan Hoate July 28, 1937	Nature of injury		
19. UNDERTAKER Fred T. Stebsty	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Deals Dala Ma	If so, specify A		
20. FILED by 28 193) Rosa Welster	(Signed) D. M. D. M. D.		
Registrar.	(Address) Deal Soland Total		

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Chronic interstitial nephritis AUG 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Y	

# STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	OF MARTLAND		
County Somers	+	Registration Dist. No. 26	0
Village or City Prince	ss Anne	NoSt.,St.,St.,St.,St.,St.,stable between the stable between t	Ward
2. FULL NAME / dai.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jacky 13 (Monthly) (Day)	, 193_*7 (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	1890	22. I HEREBY CERTIFY, That I attanded of the standard of the s	
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.2.3 D.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	, death is said
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Renate famely  11. Total tima (years)  spant in this 2.7 4 hrs.	Chrone Myocardinis	Date of onset
12. BIRTHPLACE (city or town) State (State or country)	tord Coursey	Other Contributory Causes of importance:	
13. NAME / Romos  14. BIRTHPLACE (city or town) (Stata or country)	Smith	Name of operation Data of What test confirmed diagnosis? Was there are a	
15. MAIDEN NAME See  16. BIRTHPLACE (city or town)  (Stata or country)	Dirginia donos	23. If death was due to axternal causes (VIOLENCE) fill in also the following Accident, suicide, or homicida? Data of Injury Whera did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLE	:
18. HUAY CREMATION, OR REMOVAL)	pate fully 16 19 3	Manner of Injury	
19. UNDERTAKEN Services (Addrass) 8/8 % Least A	9 Simil	If p, spacify (Signad)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

mation should be carefully supplied.

IARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as fellows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrotis AUG 6 1931	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year